


# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 1980	2 PAGE # 1 of 31
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms.	FIRST Carol	MI
	NICKNAME	LAST Alvarado	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 9213 E. Avenue L. Houston, TX 77012		
	<div style="border: 2px solid black; border-radius: 50%; padding: 10px; text-align: center;">  </div>		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Richard	MI
	NICKNAME	LAST Huff	SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1301 McKinney, Suite 5100 Houston, TX 77010		
	Receipt # _____ Amount _____ Date Processed _____ Date Imaged _____		
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
	9 PERIOD COVERED Month Day Year    01/01/2006    THROUGH    06/30/2006    Month Day Year		
10 ELECTION	ELECTION DATE Month Day Year 11/08/2005		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
	11 OFFICE OFFICE HELD (if any) City Council, District I		12 OFFICE SOUGHT (if known)
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS  <input type="checkbox"/> additional pages	... Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ...		
	Name _____ Address/PO Box; Apt. / Suite #; City; State; Zip Code _____		

**GO TO PAGE 2**

# **CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS**

**FORM C/OH  
COVER SHEET PG 2**

**15 C/OH NAME** Alvavado, Carol (Ms.)

**16 ACCOUNT # (Ethics Commission Filers)**

1980

**17 NOTICE  
FROM  
POLITICAL  
COMMITTEE(S)**

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

**COMMITTEE TYPE**

**COMMITTEE NAME**

☐ **GENERAL**

**COMMITTEE ADDRESS**

☐ **SPECIFIC**

**COMMITTEE CAMPAIGN TREASURER NAME**

**COMMITTEE CAMPAIGN TREASURER ADDRESS**

☐ additional pages

**18 CONTRIBUTION  
TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$           

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 27,041.87

**EXPENDITURE  
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$           

4. TOTAL POLITICAL EXPENDITURES

\$ 34,965.38

**CONTRIBUTION  
BALANCE**

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 341,857.00

**OUTSTANDING  
LOAN TOTALS**

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$           

**19 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

AFFIX NOTARY STAMP / SEAL ABOVE

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Carol Alvavado, this the 14 day of JULY, 20 06, to certify which, I witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

# **POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS**

## **SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/9 Report: 3/31	
2 FILER NAME Alvarado, Carol (Ms.)		3 ACCOUNT # (Ethics Commission filers) 1980	
4 Date  02/03/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Alexander, Stanford  6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$)  \$250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  02/22/2006	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Allen Boone Humphries Robinson LLP  Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$)  \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  02/27/2006	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Alvarado, Paul  Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  02/20/2006	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Andrews & Kurth Texas PAC  Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$)  \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  01/27/2006	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Arnold, Daniel  Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# **POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS**

## **SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 2/9 Report: 4/31	
2 FILER NAME Alvarado, Carol (Ms.)				3 ACCOUNT # (Ethics Commission filers) 1980	
4 Date  03/01/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Brady, Gerald		7 Amount of contribution (\$)  \$500.00		8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED] [REDACTED]					
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)		
Date  02/15/2006	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Burney and Foreman Attorneys at Law		Amount of contribution (\$)  \$250.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] [REDACTED]					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date  03/03/2006	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Carrizal, Rebecca		Amount of contribution (\$)  \$500.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] [REDACTED]					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date  02/23/2006	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Castaneda, Ricardo		Amount of contribution (\$)  \$1,000.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] [REDACTED]					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date  02/16/2006	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Fulbright & Jaworski LLP Texas Committee		Amount of contribution (\$)  \$1,000.00		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] [REDACTED]					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/9 Report: 5/31	
2 FILER NAME Alvarado, Carol (Ms.)		3 ACCOUNT # (Ethics Commission filers) 1980	
4 Date  02/01/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Garnet Coleman Campaign  6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  02/03/2006	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Garver, Mike  Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$)  \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  03/02/2006	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Giannotti, Alejandro  Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  02/06/2006	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Gonzalez, Linda  Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  02/22/2006	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Harris, Gordon  Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$)  \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# **POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS**

## **SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/9 Report: 6/31	
2 FILER NAME Alvarado, Carol (Ms.)		3 ACCOUNT # (Ethics Commission filers) 1980	
4 Date  01/10/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Houston Firefighters PAC  6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$)  \$3,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  04/07/2006	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Laredo National Bank  Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$)  \$52.19	In-kind contribution description (if applicable) Interest earned on checking account
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  04/14/2006	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Laredo National Bank  Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$)  \$213.61	In-kind contribution description (if applicable) Interest Earned on an account
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/08/2006	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Laredo National Bank  Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$)  \$49.39	In-kind contribution description (if applicable) Interest on Checking Account
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/15/2006	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Laredo National Bank  Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$)  \$206.46	In-kind contribution description (if applicable) Interest earned on an account
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# **POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS**

## **SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 5/9 Report: 7/31	
2 FILER NAME Alvarado, Carol (Ms.)		3 ACCOUNT # (Ethics Commission filers) 1980	
4 Date  06/08/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Laredo National Bank  6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$)  \$46.44	8 In-kind contribution description (if applicable) Interest on Checking Account
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  06/15/2006	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Laredo National Bank  Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$)  \$213.78	In-kind contribution description (if applicable) Interest earned on an account
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  01/03/2006	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Lopez Negrete, Alexander  Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  02/08/2006	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Louis Macey Investments  Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  02/23/2006	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Loya, Javier  Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$)  \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 6/9 Report: 8/31	
2 FILER NAME Alvarado, Carol (Ms.)		3 ACCOUNT # (Ethics Commission filers) 1980	
4 Date  02/05/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Maldonado, Dannette  6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$)  \$250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  01/30/2006	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) McBride, Gray  Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$)  \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  02/01/2006	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) McLane, Drayton Jr. (Mr.)  Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$)  \$2,500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  02/08/2006	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Milam, David  Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  02/15/2006	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Monty, Jacob  Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$)  \$3,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	



# **POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS**

## **SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 7/9 Report: 9/31	
2 FILER NAME Alvarado, Carol (Ms.)		3 ACCOUNT # (Ethics Commission filers) 1980	
4 Date  01/01/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Neuman, Jerold  6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$)  \$1,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  02/01/2006	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Paseman, Richard  Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$)  \$110.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  03/03/2006	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Political Action Committee for Winstead Sechrest & Minick PC  Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$)  \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  01/31/2006	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Quijano, Nelly  Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  02/28/2006	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Reliant Energy PAC  Contributor address; City; State; Zip Code [REDACTED] 91	Amount of contribution (\$)  \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# **POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS**

## **SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 8/9 Report: 10/31	
2 FILER NAME Alvarado, Carol (Ms.)		3 ACCOUNT # (Ethics Commission filers) 1980	
4 Date  02/07/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Rodriguez, Paula  6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$)  \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  02/11/2006	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Rose, Jerome  Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  02/27/2006	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Rossman Martin, Jessica  Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  02/08/2006	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Scott, Richard  Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$)  \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  03/03/2006	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Simmons, Walter  Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# **POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS**

## **SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 9/9 Report: 11/31	
2 FILER NAME Alvarado, Carol (Ms.)		3 ACCOUNT # (Ethics Commission filers) 1980	
4 Date  01/01/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Starr, David  6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$)  \$500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  03/03/2006	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Strong, Pat  Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  02/21/2006	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Valdez, Esther  Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$)  \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  02/26/2006	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Wallace, Judy  Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  02/15/2006	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Walsh, John Jr.  Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #

Schedule: 1/19 Report: 12/31

**2** FILER NAME Alvarado, Carol (Ms.)**3** ACCOUNT # (Ethics Commission filers)

1980

**4** Date

03/03/2006

**5** Payee name

Acres Homes Center for Business and Economic Development

**7**

Amount

(\$)

\$120.00

**6** Payee address; City; State; Zip Code6112 Wheatley  
Houston, TX 77091**8** Purpose of payment (See instructions regarding type of information required.)

Donation to 17th Annual Banquet

**9** \*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name:Office sought:  
Office held:

Date

02/08/2006

Payee name

Antioch Missionary Baptist Church

Amount

(\$)

\$125.00

Payee address; City; State; Zip Code

500 Clay St  
Houston, TX 77002

Purpose of payment (See instructions regarding type of information required.)

Ad for 140th Anniversary

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name:Office sought:  
Office held:

Date

06/21/2006

Payee name

B &amp; G Printing

Amount

(\$)

\$107.17

Payee address; City; State; Zip Code

9500 Westview  
Houston, TX 77055

Purpose of payment (See instructions regarding type of information required.)

Printing originally paid by Campos Communications and reimbursed

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name:Office sought:  
Office held:

Date

01/05/2006

Payee name

Campos Communications

Amount

(\$)

\$2,500.00

Payee address; City; State; Zip Code

816 Ralfallen  
Houston, TX 77008

Purpose of payment (See instructions regarding type of information required.)

December Consulting Fee

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name:Office sought:  
Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/19 Report: 13/31
2 FILER NAME Alvarado, Carol (Ms.)		3 ACCOUNT # (Ethics Commission filers) 1980
4 Date  02/13/2006	5 Payee name Campos Communications  6 Payee address; City; State; Zip Code 816 Ralfallen Houston, TX 77008	7 Amount (\$)  \$2,500.00
8 Purpose of payment (See instructions regarding type of information required.) January Consulting Fee		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  02/28/2006	Payee name Campos Communications  Payee address; City; State; Zip Code 816 Ralfallen Houston, TX 77008	Amount (\$)  \$2,500.00
Purpose of payment (See instructions regarding type of information required.) February Consulting Fee		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  03/15/2006	Payee name Campos Communications  Payee address; City; State; Zip Code 816 Ralfallen Houston, TX 77008	Amount (\$)  \$60.00
Purpose of payment (See instructions regarding type of information required.) In office copies		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  03/15/2006	Payee name Campos Communications  Payee address; City; State; Zip Code 816 Ralfallen Houston, TX 77008	Amount (\$)  \$120.00
Purpose of payment (See instructions regarding type of information required.) Courier Services		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 3/19 Report: 14/31**2** FILER NAME Alvarado, Carol (Ms.)**3** ACCOUNT # (Ethics Commission filers)  
1980

<b>4</b> Date  03/31/2006	<b>5</b> Payee name Campos Communications  <b>6</b> Payee address; City; State; Zip Code 816 Ralfallen Houston, TX 77008	<b>7</b> Amount (\$)  \$2,500.00
<b>8</b> Purpose of payment (See instructions regarding type of information required.) March Consulting Fee		<b>9</b> ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  05/01/2006	Payee name Campos Communications  Payee address; City; State; Zip Code 816 Ralfallen Houston, TX 77008	Amount (\$)  \$2,500.00
Purpose of payment (See instructions regarding type of information required.) April Consulting Fee		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  05/21/2006	Payee name Campos Communications  Payee address; City; State; Zip Code 816 Ralfallen Houston, TX 77008	Amount (\$)  \$2,500.00
Purpose of payment (See instructions regarding type of information required.) May Consulting fee.		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  06/01/2006	Payee name Campos Communications  Payee address; City; State; Zip Code 816 Ralfallen Houston, TX 77008	Amount (\$)  \$2,500.00
Purpose of payment (See instructions regarding type of information required.) June Consulting fee.		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/19 Report: 15/31
2 FILER NAME Alvarado, Carol (Ms.)		3 ACCOUNT # (Ethics Commission filers) 1980
4 Date  06/30/2006	5 Payee name Campos Communications  6 Payee address; City; State; Zip Code 816 Ralfallen Houston, TX 77008	7 Amount (\$)  \$106.60
8 Purpose of payment (See instructions regarding type of information required.) Fee for copies		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  03/22/2006	Payee name Carol Alvarado Legal Fund  Payee address; City; State; Zip Code 816 Ralfallen Houston, TX 77008	Amount (\$)  \$100.00
Purpose of payment (See instructions regarding type of information required.) Donation to open Carol Alvarado Legal Fund Checking Account		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  02/02/2006	Payee name Cingular Wireless  Payee address; City; State; Zip Code P.O. Box 650574 Dallas, TX 75265-0574	Amount (\$)  \$32.46
Purpose of payment (See instructions regarding type of information required.) Cell phone charger		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  02/02/2006	Payee name Cingular Wireless  Payee address; City; State; Zip Code P.O. Box 650574 Dallas, TX 75265-0574	Amount (\$)  \$281.43
Purpose of payment (See instructions regarding type of information required.) New cell phone and headset		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 5/19 Report: 16/31
2 FILER NAME Alvarado, Carol (Ms.)		3 ACCOUNT # (Ethics Commission filers) 1980
4 Date  02/22/2006	5 Payee name Cingular Wireless  6 Payee address; City; State; Zip Code P.O. Box 650574 Dallas, TX 75265-0574	7 Amount (\$)  \$286.07
8 Purpose of payment (See instructions regarding type of information required.) Cell phone payment		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  03/13/2006	Payee name Cingular Wireless  Payee address; City; State; Zip Code P.O. Box 650574 Dallas, TX 75265-0574	Amount (\$)  \$189.13
Purpose of payment (See instructions regarding type of information required.) Cell phone payment		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  05/02/2006	Payee name Cingular Wireless  Payee address; City; State; Zip Code P.O. Box 650574 Dallas, TX 75265-0574	Amount (\$)  \$338.13
Purpose of payment (See instructions regarding type of information required.) Cell phone payment		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  02/08/2006	Payee name City of Houston  Payee address; City; State; Zip Code 900 Bagby Houston, TX 77002	Amount (\$)  \$208.38
Purpose of payment (See instructions regarding type of information required.) Reimbursement of travel expenses paid by the city		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:



**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 6/19 Report: 17/31
2 FILER NAME Alvarado, Carol (Ms.)		3 ACCOUNT # (Ethics Commission filers) 1980
4 Date  06/02/2006	5 Payee name Communications Workers of America Union Hall  6 Payee address; City; State; Zip Code 1730 Jefferson Houston, TX 77002	7 Amount (\$)  \$500.00
8 Purpose of payment (See instructions regarding type of information required.) Hall rental for Legal Fund Event		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  06/21/2006	Payee name Concierge @ The Fairmont Hotel  Payee address; City; State; Zip Code 1717 N. Akard Dallas, TX 75201	Amount (\$)  \$20.00
Purpose of payment (See instructions regarding type of information required.) Gratuity originally paid by Campos Communications and reimbursed		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  05/11/2006	Payee name Continental Airlines  Payee address; City; State; Zip Code P.O. Box 4607 Houston, TX 77210	Amount (\$)  \$380.00
Purpose of payment (See instructions regarding type of information required.) Airline tickets to LA for the Alex Padilla campaign - paid by Jerome Greenspan and reimbursed		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  06/23/2006	Payee name Dakota's Steakhouse  Payee address; City; State; Zip Code 600 North Akard Dallas, TX 75201	Amount (\$)  \$577.13
Purpose of payment (See instructions regarding type of information required.) Food for Carol Alvarado Legal Fund event, paid originally by Beth Arnold and later reimbursed		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 7/19 Report: 18/31
2 FILER NAME Alvarado, Carol (Ms.)		3 ACCOUNT # (Ethics Commission filers) 1980
4 Date  02/14/2006	5 Payee name Digital Imaging Group  6 Payee address; City; State; Zip Code 213 W 18th St, Houston, TX 77008	7 Amount (\$)  \$105.54
8 Purpose of payment (See instructions regarding type of information required.) Digital Retouch for Christmas Card		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  02/08/2006	Payee name Dixie Little League Association  Payee address; City; State; Zip Code 7302 Keller St. Houston, TX 77012	Amount (\$)  \$250.00
Purpose of payment (See instructions regarding type of information required.) Sponsorship of Team		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  01/26/2006	Payee name Don Carlos Mexican Restaurant  Payee address; City; State; Zip Code 416 N. 76th St. Houston, TX 77012	Amount (\$)  \$185.48
Purpose of payment (See instructions regarding type of information required.) NALEO lunch		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  06/21/2006	Payee name FedEx  Payee address; City; State; Zip Code 3484 W 12th St. Houston, TX 77008	Amount (\$)  \$27.84
Purpose of payment (See instructions regarding type of information required.) Shipping originally paid by Campos Communications and reimbursed		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 8/19 Report: 19/31
2 FILER NAME Alvarado, Carol (Ms.)		3 ACCOUNT # (Ethics Commission filers) 1980
4 Date  02/14/2006	5 Payee name Flower Garden  6 Payee address; City; State; Zip Code 5225 Fannin Houston, TX 77004	7 Amount (\$)  \$112.91
8 Purpose of payment (See instructions regarding type of information required.) Carnations for constituents		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  04/13/2006	Payee name Fortson, Stan  Payee address; City; State; Zip Code 1500 McGowen, #220 Houston, TX 77004	Amount (\$)  \$430.00
Purpose of payment (See instructions regarding type of information required.) Tax preparation for campaign fund CDs		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  06/06/2006	Payee name Fortson, Stan  Payee address; City; State; Zip Code 1500 McGowen, #220 Houston, TX 77004	Amount (\$)  \$387.50
Purpose of payment (See instructions regarding type of information required.) Tax preparation for 2004 campaign fund taxes		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  05/10/2006	Payee name Fowler, James  Payee address; City; State; Zip Code 4225 Interwood North Parkway Houston, TX 77032	Amount (\$)  \$100.00
Purpose of payment (See instructions regarding type of information required.) Security at a Townhall meeting		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> PAGE # Schedule: 9/19 Report: 20/31
<b>2</b> FILER NAME Alvarado, Carol (Ms.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 1980
<b>4</b> Date  06/23/2006	<b>5</b> Payee name Gift Shop @ Fairmont hotel  <b>6</b> Payee address; City; State; Zip Code 1717 Akard Dallas, TX 75201	<b>7</b> Amount (\$)  \$9.00
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Snacks for a meeting during NALEO conference - originally paid by Jerry Greenspan and reimbursed		<b>9</b> ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  06/22/2006	Payee name Greyhound Lines, Inc.  Payee address; City; State; Zip Code 15110 N. Dallas Parkway Dallas, TX 75248	Amount (\$)  \$76.00
Purpose of payment (See instructions regarding type of information required.) Jerry Greenspan Travel to Dallas for NALEO Conference - paid originally by J.G. and reimbursed		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  02/10/2006	Payee name Houston Alumni Organization (HAO) - University of Houston  Payee address; City; State; Zip Code 3100 Cullen Blvd., RM 201 Houston, TX 77204-6000	Amount (\$)  \$45.00
Purpose of payment (See instructions regarding type of information required.) Membership dues		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  02/08/2006	Payee name Houston Livestock Show and Rodeo  Payee address; City; State; Zip Code P.O. Box 20070 Houston, TX 77225-0070	Amount (\$)  \$50.00
Purpose of payment (See instructions regarding type of information required.) Livestock show and Rodeo Program		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 10/19 Report: 21/31
2 FILER NAME Alvarado, Carol (Ms.)		3 ACCOUNT # (Ethics Commission filers) 1980
4 Date  02/10/2006	5 Payee name Houston Rockets  6 Payee address; City; State; Zip Code 1510 Polk Houston, TX 77002	7 Amount (\$)  \$2,000.00
8 Purpose of payment (See instructions regarding type of information required.) 2006 NBA All-star Package		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  02/28/2006	Payee name International Mailing Systems, Inc.  Payee address; City; State; Zip Code 815 Live Oak Houston, TX 77003	Amount (\$)  \$2,125.79
Purpose of payment (See instructions regarding type of information required.) Postage and mail handling fee.		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  02/24/2006	Payee name Jewish Herald Voice  Payee address; City; State; Zip Code PO Box 153 Houston, TX 77001	Amount (\$)  \$230.00
Purpose of payment (See instructions regarding type of information required.) Ad for passover issue		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  01/25/2006	Payee name Kwik Kopy  Payee address; City; State; Zip Code 1405 Waugh Drive Houston, TX 77019	Amount (\$)  \$21.65
Purpose of payment (See instructions regarding type of information required.) copies - paid by Campos Communications and reimbursed		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 11/19 Report: 22/31
2 FILER NAME Alvarado, Carol (Ms.)		3 ACCOUNT # (Ethics Commission filers) 1980
4 Date  02/01/2006	5 Payee name Kwik Kopy  6 Payee address; City; State; Zip Code 1405 Waugh Drive Houston, TX 77019	7 Amount (\$)  \$37.89
8 Purpose of payment (See instructions regarding type of information required.) copies - paid by Campos Communications and reimbursed		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  04/27/2006	Payee name Kwik Kopy  Payee address; City; State; Zip Code 1405 Waugh Drive Houston, TX 77019	Amount (\$)  \$47.63
Purpose of payment (See instructions regarding type of information required.) copies - paid by Campos Communications and reimbursed		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  05/18/2006	Payee name Kwik Kopy  Payee address; City; State; Zip Code 1405 Waugh Drive Houston, TX 77019	Amount (\$)  \$54.13
Purpose of payment (See instructions regarding type of information required.) copies - paid by Campos Communications and reimbursed		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  02/27/2006	Payee name Laredo National Bank  Payee address; City; State; Zip Code 2047 Harrisburg Houston, TX 77011	Amount (\$)  \$4.00
Purpose of payment (See instructions regarding type of information required.) Service Charge		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 12/19 Report: 23/31**2** FILER NAME Alvarado, Carol (Ms.)**3** ACCOUNT # (Ethics Commission filers)  
1980**4** Date**5** Payee name  
Monarch Printing**7** Amount  
(\$)

01/16/2006

**6** Payee address; City; State; Zip Code  
6605 McGrew  
Houston, TX 77087

\$1,928.66

**8** Purpose of payment (See instructions regarding type of  
information required.)  
Printing Christmas Cards**9** \*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name:Office sought:  
Office held:

Date

Payee name  
Monarch PrintingAmount  
(\$)

03/16/2006

Payee address; City; State; Zip Code  
6605 McGrew  
Houston, TX 77087

\$1,997.00

Purpose of payment (See instructions regarding type of  
information required.)  
Printing, Letterhead and envelopes\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name:Office sought:  
Office held:

Date

Payee name  
Monarch PrintingAmount  
(\$)

04/05/2006

Payee address; City; State; Zip Code  
6605 McGrew  
Houston, TX 77087

\$260.29

Purpose of payment (See instructions regarding type of  
information required.)  
letterhead paid by Campos Communications and  
reimbursed\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name:Office sought:  
Office held:

Date

Payee name  
Office MaxAmount  
(\$)

01/23/2006

Payee address; City; State; Zip Code  
1576 West Gray  
Houston, TX 77019

\$48.69

Purpose of payment (See instructions regarding type of  
information required.)  
Mailing labels paid by Campos Communications and  
reimbursed\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name:Office sought:  
Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 13/19 Report: 24/31**2** FILER NAME Alvarado, Carol (Ms.)**3** ACCOUNT # (Ethics Commission filers)  
1980

<b>4</b> Date  01/24/2006	<b>5</b> Payee name Office Max  <b>6</b> Payee address; City; State; Zip Code 1576 West Gray Houston, TX 77019	<b>7</b> Amount (\$)  \$22.43
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**8** Purpose of payment (See instructions regarding type of information required.)  
Mailing supplies paid by Campos Communications and reimbursed**9** \*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name:Office sought:  
Office held:

Date  05/23/2006	Payee name Office Max  Payee address; City; State; Zip Code 1576 West Gray Houston, TX 77019	Amount (\$)  \$35.35
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Purpose of payment (See instructions regarding type of information required.)  
Toner paid by Campos Communications and reimbursed**\*\* Complete if direct expenditure to benefit C/OH \*\***  
Candidate / Officeholder name:Office sought:  
Office held:

Date  03/16/2006	Payee name Planned Parenthood  Payee address; City; State; Zip Code 3601 Fannin St. Houston, TX 77004	Amount (\$)  \$120.00
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Purpose of payment (See instructions regarding type of information required.)  
Donation for Brighter Futures**\*\* Complete if direct expenditure to benefit C/OH \*\***  
Candidate / Officeholder name:Office sought:  
Office held:

Date  02/08/2006	Payee name Randall's  Payee address; City; State; Zip Code 2225 Louisiana Houston, TX 77006	Amount (\$)  \$51.65
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Purpose of payment (See instructions regarding type of information required.)  
2 fruit trays for meeting originally paid by Previn Jones and reimbursed**\*\* Complete if direct expenditure to benefit C/OH \*\***  
Candidate / Officeholder name:Office sought:  
Office held:



**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 14/19 Report: 25/31
2 FILER NAME Alvarado, Carol (Ms.)		3 ACCOUNT # (Ethics Commission filers) 1980
4 Date  06/04/2006	5 Payee name Randall's  6 Payee address; City; State; Zip Code 2225 Louisiana Houston, TX 77006	7 Amount (\$)  \$7.98
8 Purpose of payment (See instructions regarding type of information required.) Refreshments for Legal Fund event originally paid by Campos Communications and reimbursed		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  02/28/2006	Payee name Riverside General Hospital Foundation  Payee address; City; State; Zip Code 4514 Lyons Avenue Houston, TX 77020	Amount (\$)  \$50.00
Purpose of payment (See instructions regarding type of information required.) Donation to 1st Annual Zydeco Event		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  02/15/2006	Payee name Rosewood Flowery  Payee address; City; State; Zip Code 4821 Fannin Houston, TX 77004	Amount (\$)  \$21.54
Purpose of payment (See instructions regarding type of information required.) carnations for seniors		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  01/03/2006	Payee name Shipley's Donuts  Payee address; City; State; Zip Code 3932 N. Main Houston, TX 77009	Amount (\$)  \$34.20
Purpose of payment (See instructions regarding type of information required.) Pastries for NALEO meeting - paid originally by James Rodriguez and reimbursed		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 15/19 Report: 26/31
2 FILER NAME Alvarado, Carol (Ms.)		3 ACCOUNT # (Ethics Commission filers) 1980
4 Date  06/02/2006	5 Payee name Spec's Liquor  6 Payee address; City; State; Zip Code 2410 Smith Houston, TX 77006	7 Amount (\$)  \$296.09
8 Purpose of payment (See instructions regarding type of information required.) Refreshments for Legal Fund Fundraiser paid by Campos Communications and reimbursed		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  06/04/2006	Payee name Taqueria Del Sol  Payee address; City; State; Zip Code 8114 Park Palce Houston, TX 77017	Amount (\$)  \$1,380.00
Purpose of payment (See instructions regarding type of information required.) Food for Legal Fund Event		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  01/26/2006	Payee name US Postmaster  Payee address; City; State; Zip Code 1050 Yale Houston, TX 77008	Amount (\$)  \$429.00
Purpose of payment (See instructions regarding type of information required.) Postage paid by Campos Communications and reimbursed		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  02/27/2006	Payee name US Postmaster  Payee address; City; State; Zip Code 1050 Yale Houston, TX 77008	Amount (\$)  \$4.20
Purpose of payment (See instructions regarding type of information required.) Postage paid by Campos Communications and reimbursed		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 16/19 Report: 27/31
2 FILER NAME Alvarado, Carol (Ms.)		3 ACCOUNT # (Ethics Commission filers) 1980
4 Date  03/17/2006	5 Payee name US Postmaster  6 Payee address; City; State; Zip Code 1050 Yale Houston, TX 77008	7 Amount (\$)  \$58.54
8 Purpose of payment (See instructions regarding type of information required.) Postage paid by Campos Communications and reimbursed		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  04/03/2006	Payee name US Postmaster  Payee address; City; State; Zip Code 1050 Yale Houston, TX 77008	Amount (\$)  \$39.00
Purpose of payment (See instructions regarding type of information required.) Postage paid by Campos Communications and reimbursed		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  04/11/2006	Payee name US Postmaster  Payee address; City; State; Zip Code 1050 Yale Houston, TX 77008	Amount (\$)  \$19.50
Purpose of payment (See instructions regarding type of information required.) Postage paid by Campos Communications and reimbursed		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  06/28/2006	Payee name US Postmaster  Payee address; City; State; Zip Code 1050 Yale Houston, TX 77008	Amount (\$)  \$58.50
Purpose of payment (See instructions regarding type of information required.) Postage paid by Campos Communications and reimbursed		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 17/19 Report: 28/31
2 FILER NAME Alvarado, Carol (Ms.)		3 ACCOUNT # (Ethics Commission filers) 1980
4 Date  04/13/2006	5 Payee name US Treasury Department  6 Payee address; City; State; Zip Code 1500 Pennsylvania Avenue, NW Washington, DC 20220	7 Amount (\$)  \$644.00
8 Purpose of payment (See instructions regarding type of information required.) Taxes on CD interest		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  06/06/2006	Payee name US Treasury Department  Payee address; City; State; Zip Code 1500 Pennsylvania Avenue, NW Washington, DC 20220	Amount (\$)  \$590.00
Purpose of payment (See instructions regarding type of information required.) 2004 Tax Return Payment for Campaign		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  02/14/2006	Payee name Valero  Payee address; City; State; Zip Code 8040 S. Loop East Houston, TX 77017	Amount (\$)  \$21.50
Purpose of payment (See instructions regarding type of information required.) Water for Town Hall Meeting originally paid by Jerry Greenspan and later reimbursed		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  06/03/2006	Payee name Wesley AME Educational Fund  Payee address; City; State; Zip Code 2209 Dowling Houston, TX 77003	Amount (\$)  \$200.00
Purpose of payment (See instructions regarding type of information required.) Donation		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 18/19 Report: 29/31
2 FILER NAME Alvarado, Carol (Ms.)		3 ACCOUNT # (Ethics Commission filers) 1980
4 Date  05/10/2006	5 Payee name White, David  6 Payee address; City; State; Zip Code 4225 Interwood North Parkway Houston, TX 77032	7 Amount (\$)  \$100.00
8 Purpose of payment (See instructions regarding type of information required.) Security at Townhall Meeting		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  01/25/2006	Payee name XPEDX  Payee address; City; State; Zip Code 2201 Taylor St Houston, TX 77007	Amount (\$)  \$6.05
Purpose of payment (See instructions regarding type of information required.) Paper paid by Campos Communications and reimbursed		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  01/31/2006	Payee name XPEDX  Payee address; City; State; Zip Code 2201 Taylor St Houston, TX 77007	Amount (\$)  \$6.05
Purpose of payment (See instructions regarding type of information required.) Paper paid by Campos Communications and reimbursed		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  05/15/2006	Payee name XPEDX  Payee address; City; State; Zip Code 2201 Taylor St Houston, TX 77007	Amount (\$)  \$22.38
Purpose of payment (See instructions regarding type of information required.) Paper paid by Campos Communications and reimbursed		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 19/19 Report: 30/31**2** FILER NAME Alvarado, Carol (Ms.)**3** ACCOUNT # (Ethics Commission filers)  
1980**4** Date**5** Payee name  
Yellow Cab**7** Amount  
(\$)

06/23/2006

**6** Payee address; City; State; Zip Code  
1406 Hays  
Houston, TX 77009

\$5.00

**8** Purpose of payment (See instructions regarding type of information required.)  
Taxi ride in Houston - originally paid by Jerry Greenspan and reimbursed**9** \*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name:Office sought:  
Office held:

Date

Payee name  
Yellow CabAmount  
(\$)

06/23/2006

Payee address; City; State; Zip Code  
14001 Goldmark Dr  
Dallas, TX 75240

\$7.00

Purpose of payment (See instructions regarding type of information required.)  
Taxi ride in Dallas during NALEO Conference - originally paid by Jerry Greenspan and reimbursed\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name:Office sought:  
Office held:

Date

Payee name  
Yellow CabAmount  
(\$)

06/23/2006

Payee address; City; State; Zip Code  
14001 Goldmark Dr  
Dallas, TX 75240

\$6.00

Purpose of payment (See instructions regarding type of information required.)  
Taxi ride in Dallas during NALEO Conference- originally paid by Jerry Greenspan and reimbursed\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name:Office sought:  
Office held:

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS****SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.

**1 PAGE #**

Schedule: 1/1 Report: 31/31

**2 FILER NAME** Alvarado, Carol (Ms.)**3 ACCOUNT #**

(Ethics Commission filers)

1980

<b>4 Date</b>  03/03/2006	<b>5 Payee name</b> Continental Airlines  <b>6 Payee address; City; State; Zip Code</b> P.O. Box 4607 Houston, TX 77210  <b>7 Purpose of expenditure</b> Airline tickets to Washington DC for the National League of Cities Conference	<b>8 Amount (\$)</b>  \$762.10  <input checked="" type="checkbox"/> Reimbursement from political contributions intended
<b>Date</b>  05/28/2006	<b>Payee name</b> Renaissance Hollywood Hotel  <b>Payee address; City; State; Zip Code</b> 1755 N. Highland Ave. Hollywood, CA 90028  <b>Purpose of expenditure</b> Hotel in LA for Alex Padilla Event	<b>Amount (\$)</b>  \$330.74  <input checked="" type="checkbox"/> Reimbursement from political contributions intended
<b>Date</b>  01/10/2006	<b>Payee name</b> Villa Arcos Tacos  <b>Payee address; City; State; Zip Code</b> 3009 Navigation Houston, TX 77003  <b>Purpose of expenditure</b> Food for meeting	<b>Amount (\$)</b>  \$50.08  <input checked="" type="checkbox"/> Reimbursement from political contributions intended

# IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

## SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T: 1
2 FILER NAME Carol Alvarado		3 ACCOUNT # (Ethics Commission filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Continental Airlines		
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input checked="" type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-T <input type="checkbox"/> SPAC-T		
6 Dates of travel 5/26/06- 5/28/06	7 Name of person(s) traveling Carol Alvarado	
	8 Departure city or name of departure location Houston, TX	
	9 Destination city or name of destination location Los Angeles, CA	
10 Means of transportation Airplane	11 Purpose of travel (including name of conference, seminar, or other event) to help in Alex Padilla Campaign	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Continental Airlines		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input checked="" type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-T <input type="checkbox"/> SPAC-T		
Dates of travel 3/12/06- 3/14/06	Name of person(s) traveling Carol Alvarado	
	Departure city or name of departure location Houston, TX	
	Destination city or name of destination location Washington, DC	
Means of transportation airplane	Purpose of travel (including name of conference, seminar, or other event) National League of Cities Conference	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-T <input type="checkbox"/> SPAC-T		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		